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## **Ebola virus disease in Uganda**

**The Ministry of Health in Uganda have confirmed an outbreak of Ebola virus disease in Kampala**

On 30 January 2025, the Ministry of Health in Uganda confirmed an outbreak of Ebola virus disease (EVD) in the capital city Kampala [1], caused by Sudan ebolavirus.

A single, fatal confirmed case was reported in a nurse working at the Mulago National Reference hospital in Kampala. This individual sought treatment at a number of different healthcare facilities in Kampala, Matugga (Wakiso District) and Mbale City, as well as a traditional healer. EVD was confirmed by three national reference laboratories after the patient died on 29 January 2025 [2]. A second case, the wife of the index case, tested positive for Sudan ebolavirus on 2 February 2025, after developing signs and symptoms indicative of EVD [3].

Rapid response teams have been dispatched to identify contacts and monitor for possible symptoms.

There are six species of Ebola virus, four of which are known to cause disease in humans [4]. Outbreaks of EVD are a known risk for Uganda. This is the sixth Sudan ebolavirus outbreak reported in the country, the last occurring in 2022 [5], and the eighth outbreak of EVD in Uganda overall. This new outbreak of EVD reflects the ongoing risk of resurgence of disease in countries with a known Ebola virus wildlife reservoir.

EVD is a severe, often fatal illness in humans and is introduced into human populations through contact with the blood and other bodily fluids and organs of infected wild animals such as antelopes, bats, chimpanzees, gorillas, and monkeys. The virus can be spread from person to person through direct contact with blood, faeces, vomit, organs, or other bodily fluids of infected persons. People can also become infected through contact with objects, such as contaminated needles or soiled clothing. Burial practices that involve direct contact with the body or bodily fluids of an infected person may also contribute to transmission, when mourners have direct contact with the deceased (such as touching or washing the body, which still contains high levels of Ebola virus) [6, 7]. Hospital workers have been infected through close contact with infected patients and insufficient use of correct infection control precautions and barrier nursing procedures. Sexual transmission has been documented, and the virus can be present in semen for months after recovery [8].

Country-specific information can be found on our [Country Information pages](#) and [Outbreak Surveillance section](#).

## **Advice for travellers**

### **Before you travel**

If you are travelling to Uganda, check the [Foreign, Commonwealth & Development Office \(FCDO\) travel advice](#) before you go. Remember to check entry requirements for any other countries you plan to visit, as enhanced screening measures may be put in place at some borders.

Destination-specific travel health advice can be found on TravelHealthPro's [Country Information pages](#).

There is no licensed vaccine available for general use in UK residents to prevent EVD. Licensed vaccines are available under a 'ring vaccination' strategy, to protect persons at highest risk from becoming infected with Zaire ebolavirus, however these vaccines do not provide cross protection against Sudan ebolavirus [9].

Travellers should check the [UK Health Security Agency \(UKHSA\)](#) and [FCDO](#) for latest updates on EVD outbreaks.

### **While you are away**

For tourists and other travellers to Uganda the risk of exposure to EVD linked to this outbreak is low, and precautions should be followed to prevent infection. These include:

- Avoid contact with symptomatic patients/their bodily fluids, corpses and/or bodily fluids from deceased patients, and all wild animals, alive and dead.
- Avoid handling or eating bush/wild meat (the meat of wild or feral mammals killed for food).
- Wash hands regularly and carefully using soap and water (or alcohol gel when soap is unavailable).
- Practise safer sex (using barrier contraception).

### **When you return**

Get medical advice if you become ill within 21 days of returning home. Call NHS 111 or contact your GP by phone. Although it is very unlikely you have Ebola virus disease, you should mention your dates and itinerary of travel and any potential exposure to the virus.

Other infectious diseases like malaria are present in Uganda. You should be aware of the signs and symptoms of malaria and should seek immediate medical attention if these occur either while you are in Uganda or up to a year after you return to the UK.

## **Advice for health professionals**

### **Advice for humanitarian and other workers**

If you are travelling to Uganda, or are already working in this country, follow the advice from your deploying organisation.

The risk to UK humanitarian or aid workers in the affected district in Uganda is likely to be higher than for tourists or travellers in other areas of Uganda.

The exposure risk for those working directly with individuals with EVD, can be mitigated by safe systems of work, and the trained use of appropriate and readily available personal protective equipment (see [WHO guidance](#) and [ACDP guidance](#)).

Make sure you are familiar with your deploying organisation's risk assessment and guidance regarding EVD. This should include their EVD mitigation strategy for workers, any appropriate training, and the protective measures they have in place, including personal protective equipment (PPE) provision, at the destination. For those working in affected areas, the risk will vary, depending on activities undertaken. For those working with infected individuals, strict barrier techniques should be implemented, and all staff provided with, and trained in, the use of protective equipment

[10]. More detailed advice can be found in the UK Health Security Agency guidance: [Ebola virus disease: information for Ebola response workers](#). This includes information on the [UKHSA Returning Workers Scheme \(RWS\)](#).

This outbreak is being closely monitored, and the risk will be re-evaluated if the epidemiological situation changes. Travellers should monitor [NaTHNaC](#) and [FCDO](#) updates on a regular basis for more information.

## Resources

- [Ebola virus disease in brief](#)
- [UK Health Security Agency: Guidance. Ebola: returning workers scheme \(RWS\)](#)
- [UK Health Security Agency: Guidance - Ebola virus disease: information for humanitarian aid workers](#)
- [UK Health Security Agency: Ebola and Marburg haemorrhagic fevers: outbreaks and case locations](#)

## References

1. [The Republic of Uganda Ministry of Health. Press Statement. Uganda Confirms Sudan Ebola Disease Outbreak. 30 January 2025. \[Accessed 5 February 2025\]](#)
2. [World Health Organization. Weekly Bulletin on Outbreaks and Other Emergencies; 2 February 2025. \[Accessed 5 February 2025\]](#)
3. [World Health Organization. Disease Outbreak News. Sudan virus disease - Uganda. 1 February 2025. \[Accessed 5 February 2025\]](#)
4. [UK Health Security Agency. Ebola: overview, history, origins and transmission. Updated 12 January 2023 \[Accessed 5 February 2025\]](#)
5. [World Health Organization. Ebola Uganda 2022. \[Accessed 5 February 2025\]](#)
6. [World Health Organization. Ebola virus disease fact sheet. Updated 20 April 2023. \[Accessed 5 February 2025\]](#)
7. [World Health Organization. New WHO safe and dignified burial protocol - key to reducing Ebola transmission 7 November 2014. \[Accessed 5 February 2025\]](#)
8. [World Health Organization. Ebola virus disease: Q&A. 19 June 2019. \[Accessed 5 February 2025\]](#)
9. [World Health Organization. Ebola virus disease: Vaccines Q&A. 11 January 2020. \[Accessed 5 February 2025\]](#)
10. [World Health Organization Ebola and Marburg disease outbreaks: infection prevention and control research priorities in health care settings 27 August 2024 \[Accessed 5 February 2025\]](#)